

Site # _____

Date approved _____

2008 SUMMER FOOD SERVICE PROGRAM APPLICATION/AGREEMENT

PART III - SITE INFORMATION

1. Sponsoring Organization: _____
2. Name of Site: _____
3. Address of Food Service Site:

Physical Address: _____ Mailing Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____
4. Site Supervisor Name: _____ Phone # _____
(If unknown at this time please provide to CANS office prior to beginning of operation.)
5. Person in charge of food service if different from site supervisor.

Name: _____ Phone # _____
6. Please provide directions to the site if other than a street address. Be sure to indicate your starting point, be specific (i.e. the junction of main street with Highway 00, or if there are no street signs, use a landmark such as the post office, the XXX church, XXX gas station, etc.)
7. Describe the geographic area to be served by the site. Geographic area means bounded by X and Y streets, or a certain school district, census tract, township or community (Example: Southeast Pierre, from Harrison Street to Truman Street) and refers to that area from which the participants are drawn.
8. What percentage of the children to be served by this site meet the eligibility requirements for free summer meals (free or reduced price school meals)? _____ %
9. Meals Claimed for Reimbursement.

☐ All meals will be claimed for reimbursement. At least fifty percent (50%) of the children in the geographic area served or enrolled in the program must fall within the current income guidelines.

☐ As a summer camp, only those meals served to children from families whose income is at or below the current income guidelines will be claimed for reimbursement.
10. This site ☐ is ☐ is not part of a Metropolitan Statistical Area.

11. This site is:

- ☐ (A) Regular/Open Site (serving 1-2 meals) (go to item 12, then skip to 14)
- ☐ (B) Migrant Site (serving 1-3 meals) (go to item 12, then skip to 14)
- ☐ (C) National Youth Sports Program Site (serving 1-2 meals) (go to item 12, then skip to 14)
- ☐ (D) Regular/Enrolled Site (serving 1-2 meals) (skip item 12)
- ☐ (E) Residential Camp (serving 1-3 meals) (skip item 12)
- ☐ (F) Non-Residential Camp (serving 1-3 meals) (skip item 12)

12. If the answer to item 11 is A, B or C, please check at least one of the following and provide documentation to show that the local areas from which the site draws its attendance is an area in which poor economic conditions exist, as defined in the sponsors handbook for the program.

- ☐ Information provided from the departments of Welfare or Education, Bureau of Indian Affairs, or zoning commissions that shows a site will draw its attendance from an area in which 50% of the children are eligible for free or reduced price meals. Documentation must be attached.
- ☐ Information from a migrant organization to document the eligibility of sites serving the children of migrant workers. Documentation must be attached.
- ☐ Information on eligibility of children for free or reduced price meals from public or nonprofit private schools located in the area of the site is ☐ attached, or ☐ may be obtained from the State Agency.

CANS USE ONLY	
% eligible _____	Date _____
School Used _____	

- ☐ Census block information. The census block map/s with the geographic area served outlined is/are enclosed.
- ☐ This site is a NYSP site and a letter stating that the site has complied with the Department of Health and Human Services guidelines for income of attending children is attached.
- ☐ Site participated under this sponsor last year and documentation was submitted at that time. New documentation must be submitted every other year. (Attach last year's documentation.)

CANS USE ONLY	
% eligible _____	Date _____
School Used _____	

13. If the answer to item 11 is D, E, or F,

(A) The sponsor must indicate the number of children eligible for free meals at each session on question 19a of this section.

(B) Check the answer which applies to you:

- ☐ the application as exhibited in Attachment B will be used to document an enrolled child's eligibility and a copy of the completed prototype is enclosed with this application.
- ☐ the application used to document eligibility in our NSLP or CACFP will be used to document an enrolled child's eligibility for free meals.

14. The site requests authorization to serve and claim:
A. Meals for children under 1 year old. Yes ☐ No ☐

(If granted, the infant meal pattern must be followed.)

- B. Smaller portions to children under 6 years old. Yes ☐ No ☐

(If granted, an age breakdown must be maintained on production records and meal counts).

14a. CANS USE ONLY

_____ granted

_____ not granted

(reason) _____

15. Method of Meal Preparation

- ☐ (A) Self preparation on site
☐ (B) Sponsor preparation at central kitchen facility
☐ (C) Sponsor preparation at School Food Service facility
☐ (D) Agreement with School Food Service Authority
☐ (E) Contract with Food Service Management Company
☐ (F) Other (Specify) _____

14b. CANS USE ONLY

_____ granted

_____ not granted

(reason) _____

16. If the answer to item 15 was E, please check each of the following that apply to you:

- ☐ (A) The Food Service Management Company has an exclusive contract with our school for year-round service.
** A copy of the contract must accompany this application.
- ☐ (B) Our total contract with the Food Service Management Company does not exceed \$25,000.
- ☐ (C) Our bidding procedures for procuring a Food Service Management Company contract are in accordance with SFSP regulation 225.15(g)(5) and (6). (Attach a copy of your plan and your invitation to bid.)
- ☐ (D) **Copy of contract attached**

17. A. How is food kept hot/cold until it is served? (check all which apply)

food will be kept hot

food will be kept cold

☐ in the oven/on stove top

☐ in a refrigerator/cooler

☐ in steam pan

☐ in cold cart

☐ in hot carts

☐ on ice

☐ in thermal containers

☐ in thermal containers

☐ other (explain) _____

☐ other (explain) _____

- B. What is done with leftovers? (check all that apply)

☐ stored appropriately (i.e., refrigerated or frozen) immediately following service and served another day

☐ served as second helpings

☐ discarded

☐ other (explain) _____

18. List the dates the site will be monitored.

Pre-operational _____ / _____ / _____ First week _____ / _____ / _____ First 4 Weeks _____ / _____ / _____

19a.

Meal	Service Time		Delivery Time	Anticipated ADP for eligible children	FOR CANS USE ONLY
	Begins	Ends			Approved level
Breakfast					
AM Supplement					
Lunch					
PM Supplement					
Supper					

19b. Offer vs. Serve (OVS) is an option for the SFSP if

- (1) The sponsor is a school and the program is operated by the school; and
- (2) OVS was implemented during the previous school year under the NSLP and/or SBP.

OVS in SFSP will be operated under the same rules as OVS in the NSLP or the SBP.

A. Breakfast meal service (check one that applies)

- ☐ Children must take all items in full portion
- ☐ Children may decline one item
- ☐ Does not apply

B. Lunch meal service (check one that applies)

- ☐ Children must take all items in full portion
- ☐ Children may decline one item
- ☐ Children may decline two items
- ☐ Does not apply

20. If meals are delivered to this site, answer A & B below.

A. Describe the system the site supervisor will use to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at this site.

The site supervisor will give the sponsor an estimated count for the day's meal/s _____ days before service by _____.
(means) (number)

B. What are the timelines for submitting adjustments of meal orders?

The site supervisor will give the sponsor an updated count _____ hours before service by _____.
(number) (means)

21. Describe the meal service area.

A. Is this site an indoor or outdoor site? (Check appropriate space) ☐ Indoor ☐ Outdoor

If an outdoor site, where will meals be served when weather prevents the outdoor service of meals? Give address, or describe location. _____

B. How many dining areas are there at this site? _____

C. Indicate the number of seats in each dining area. _____

D. Do children eat in shifts? ☐ yes ☐ no If yes, how long is each shift? _____

22. Civil Rights: Potential Eligible Beneficiaries

Sponsors must determine the number of **potential** eligible beneficiaries by racial/ethnic category for the area served. Data concerning the number of potential eligible beneficiaries, along with identification of all sources of the information, must be updated annually and maintained on file for three years. This information may be obtained from census data or public school enrollment data.

Describe the area from which potential eligible beneficiaries are drawn _____

RACIAL/ETHNIC CATEGORY

**NUMBER OF POTENTIAL
ELIGIBLE CHILDREN**

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Document the source used to gather the above data _____

23. Personnel Working At Site

Title of Position	Number of Personnel in that Position	Number of Hours Per Day Each Employee Indicated in Col (B) will spend on Food Service	Wages Per Hour (Indicate Volunteers or Unpaid Workers with "V")	Number of days employed for this program	Total Wages (including benefits) for Program	Specific Food Service Duties * see below
(A)	(B)	(C)	(D)	(E)	(F)	(G)
TOTAL OPERATING SALARIES		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX

Indicate who will be responsible for each task by placing task number from list below in grid above by each position to which it applies:

- | | | |
|----------------------------|--|---------------------------|
| 1. plans menus | 7. serves meal | 13. cleans up dining area |
| 2. purchases food | 8. takes count | 14. cleans up kitchen |
| 3. receives food | 9. monitors components | 15. does the dishes |
| 4. keeps inventory records | 10. keeps production records | 16. other (explain) |
| 5. prepares meal | 11. supervises children in dining room | |
| 6. transport food | 12. supervises personnel | |

I certify that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. The program must be made available to all children regardless of sex, age, disability, race, color, or national origin.

Name and Title of Authorized Representative
(Print)

Signature of Authorized Representative

Date

(If available) Name and Title of Site Representative
(Print)

Signature of Site Supervisor

Date